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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 11321-P011C1D4			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY	OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee	RATE	Fee		
BASIC FEE (37 CFR 1.16(a))				\$ 370	OR	\$ _____		
TOTAL CLAIMS (37 CFR 1.16(e))	32 minus 20 =	* 12	x \$ 9 =	108.00	OR	x \$ _____ = 0.00		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	* 0	x 42 =	0.00	OR	x _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR	+ _____ =		
			TOTAL	478.00	OR	TOTAL 0.00		
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY	OTHER THAN SMALL ENTITY		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	RATE	ADDI- TIONAL FEE
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR	+ _____ =	
					TOTAL	ADDITIONAL FEE	OR	TOTAL ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	RATE	ADDI- TIONAL FEE
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR	+ _____ =	
					TOTAL	ADDITIONAL FEE	OR	TOTAL ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ _____ =	RATE	ADDI- TIONAL FEE
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR	x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR	+ _____ =	
					TOTAL	ADDITIONAL FEE	OR	TOTAL ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark  
 Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for  
 Patents, Washington, DC 20231.